



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 Peachtree Street, N.W.
36th Floor
Atlanta, Georgia 30303
(404) 656-3913 (OFFICE)
(404) 656-9723 (FAX)

APPLICATION FOR INACTIVE STATUS
Respiratory Care Professional

Fee for Inactive Status \$40.00

NAME: _____

ADDRESS: _____

City

State

Zip

Certificate No. _____

Inactive Status Request Date: _____

You must return your certificate wallet identification card to the Board with your fee and application.

360-13-.08. Inactive Status.

- (1) A person who wishes to maintain his or her certificate as a Respiratory Care Professional, but who does not intend to practice Respiratory Care may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive certificate may not practice Respiratory Care in this State.**

I understand that my certificate will become inactive and that I may not practice Respiratory Care in the State of Georgia once my application and fee are received by the Board.

Signature

Date